Incident, Injury, Trauma and Illness Policy

NQS

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<th>QA2</th>
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<tr>
<td></td>
<td>Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.</td>
</tr>
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National Regulations

<table>
<thead>
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Aim

The service and all educators can effectively respond to and manage accidents, illness and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

Related Policies

Death of a Child Policy
Emergency Service Contact Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Infectious Diseases Policy
Medical Conditions Policy
Implementation

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -

(a) is injured; or

(b) becomes ill; or

(c) suffers a trauma.

The approved provider of the service will ensure that a parent of a child is notified as soon as practicably possible and without undue delay. Parents will be notified no later than 24 hours of the injury, illness or trauma. An Incident, Injury, Trauma and Illness Record will be completed without delay.

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will ensure first aid, anaphylaxis management training and asthma management training is current and updated at least every 3 years, and that all components of the first aid certificate are current if some require an earlier revision.

We will display these qualifications and expiry date where they can be easily be viewed by all educators and staff, together with a photograph of the first aid trained educators and their contact details to assist in the identification process.

First aid qualified educators will be present at all times on the roster and in the service. They will never exceed their qualifications and competence when administering first aid.

During induction training for new educators and staff we will:

- advise which educators have first aid qualifications, and asthma and anaphylaxis management training and the location of the first aid kit

- obtain information about any first aid needs the educator may have that could require specific treatment in a medical emergency. This information will only be provided to first aid qualified educators with the employee’s consent.

We will review our first aid response plan, the location of the first aid kit and who our first aid trained educators are at least annually or when there are any changes during staff meetings or through newsletters, emails or memos.
Administration of First Aid

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented:

- Educator or staff member notifies nominated supervisor and a first aid qualified educator of the incident, illness or injury.
- Nominated supervisor or first aid qualified educator reviews child’s medical information including any medical information disclosed on the child’s enrolment form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult.
  
  If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult (commencing 1 January 2013 for services that immediately prior to 1 January 2012 did not require educators to have asthma management training or anaphylaxis management training).
- Nominated supervisor and educators supervise and care for children in the vicinity of the incident, illness or injury.
- If required, first aid qualified educator or nominated supervisor notifies and co-ordinates ambulance.
- If required, first aid qualified educator or nominated supervisor notifies parent or authorised nominee that child requires medical attention from a medical practitioner.
- If required, educator or nominated supervisor contacts parent or authorised nominee to collect child from service.

  Services may insert their policy or procedures for collection of ill or injured child here.

- Nominated supervisor ensures Incident, Injury, Trauma and Illness Record is completed in full and without delay and parent or authorised nominee is notified as soon as possible and within 24 hours of the injury, illness or trauma.

First Aid Kit Guidelines

Any First Aid kit at the service must -

- Not be locked.
- Not contain paracetamol.
- Be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service.
- Be in a place that takes an employee no longer than two minutes to reach, including time required to access secure areas.
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.

- Contain a list of the contents of the kit.

- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not deteriorated or expired.

- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.

- Be easy to access and if applicable, located where there is a risk of injury occurring.

- Display emergency telephone numbers, the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces).

- Display a photograph of the first aid trained educators along with contact details to assist in the identification process.

- Be provided on each floor of a multi-level workplace.

- Be provided in each work vehicle.

- Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.

- First Aid kits must be taken on excursions and be attended by First Aid qualified educators.

- Be maintained in proper condition and the contents replenished as necessary.

- Our First Aid delegated individual responsible for maintaining all First Aid kits at the service is:

  Name ___________________________ Role ___________________________

  Number of First Aid Kits Responsible For In the Service ________________

- Our back-up First Aid delegated individual responsible for maintaining all First Aid kits when the person listed above is away is:

  Name ___________________________ Role ___________________________

  Number of First Aid Kits Responsible For In the Service ________________

These individuals are responsible for using the First Aid Checklist and ensuring each Kit has the required quantities, items are within their expiry dates and sterile products are sealed.
This will occur after each use or if unused, at least annually. They will also consider whether the first aid kits and modules suit the service’s hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the nominated supervisor.

- We will display a well recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.
First Aid Kit Checklist

Our Service will use the following Checklist which is taken from the First Aid in the Workplace Guide WorkCover NSW.


Generally family day care educators will operate small sized businesses and the contents of Kit C could apply. Educators may consider that the larger Kit B contents would be more appropriate.

Our service will determine the appropriate quantity after considering the number of children in care.

Our educators will also ensure they are equipped with the appropriate resources to deal with a child at risk of anaphylaxis and other medical conditions. Educators may wish to provide additional items or modules, for example burns modules and eye wound modules.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Kit B 11-99 staff</th>
<th>Kit C 1-10 staff</th>
<th>QUANTITY AND EXPIRY DATE MET Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive plastic dressing strips, sterile, packets of 50</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Adhesive dressing tape, 2.5cm 5cm</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Bags, plastic, for amputated parts:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Large</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Dressings, non-adherent, sterile 7.5cm</td>
<td>2</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Eye Pads, sterile</td>
<td>2</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Gauze Bandages: 5cm</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gauze Bandages: 10cm</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Gloves, disposable, single</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Product Name</td>
<td>Kit B 11-99 staff</td>
<td>Kit C 1-10 staff</td>
<td>QUANTITY AND EXPIRY DATE MET Yes / No</td>
</tr>
<tr>
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<td>----------------------------------</td>
</tr>
<tr>
<td>Rescue blanket, silver space</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Safety pins, packets</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Scissors, blunt/short nosed, minimum length 12.5cm</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Splinter forceps</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Sterile eyewash solution, 10ml single use ampoules of sachets</td>
<td>6</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Swabs, prepacked, antiseptic, packs of 10</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Triangular bandages, minimum 90cm</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Wound dressings, sterile, non-medicated, large</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>First-aid pamphlet as approved by WorkCover</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>


OR

Our service will use the following Incident, Injury, Trauma and Illness Record
# Incident, Injury, Trauma and Illness Record

<table>
<thead>
<tr>
<th>Nominated Supervisor’s Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominated Supervisor’s Signature:</td>
<td></td>
</tr>
</tbody>
</table>

**FORM DECLARATION**

By signing this form, I declare that this Record has been completed as soon as practicably possible and no later than 24 hours after any incident, injury, trauma or illness has occurred while the child is being educated and cared for by the service.

Name of Person Completing Form  
Signature of Person Completing Form  
Time and Date Form Completed

**PLEASE TRACK ANY ADDITIONAL CHANGES TO THE FORM BY WRITING THE TIME AND DATE NEXT TO ANY AREAS THAT ARE DIFFERENT FROM THE TIME AND DATE LISTED ABOVE. THE SIGNATURE OF THE PARENT AND SIGNATURE OF PERSON MAKING THE CHANGES IS ALSO REQUIRED NEXT TO EACH CHANGE.**

Child’s full name  
DOB and Age in Years/Months  
Time and Date child subjected to **Trauma or Incident** Occurred or **Injury** Received  
Time and Date of Apparent Onset of **Illness**

Circumstances leading to the **Incident, Injury or Trauma**
Nature of injury sustained:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Circumstances and symptoms surrounding any Illness which became apparent

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Details of any person who witnessed an Incident, Injury, Trauma or Illness

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Notifications (including attempted notifications)

**Details of people contacted** by the service in relation to any accident, injury, trauma or illness

<table>
<thead>
<tr>
<th></th>
<th>Full Name</th>
<th>Time and date</th>
<th>Successfully contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Authorised Nominees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Authority officer (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person who made contact</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Details of any action taken** by the service in relation to any accident, injury, trauma or illness
Include the names of any individuals taking action

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Details of any medication administered** or first aid provided by the service
Include the names of any individuals administering medication or providing first aid

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Time and Date that any Medical Personnel contacted

__________________________________________________________________________________

Name(s) and contact number of any Medical Personnel or Service contacted

__________________________________________________________________________________

Was the child transported by ambulance?

Yes  No
If known, details of any medication administered or first aid provided by any Medical Personnel or Service

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Did the illness/incident require notification of Health Dpt/other recognised authorities?
Yes  No

If Yes, Please provide details of notification:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does the illness/incident require the child to be excluded from care?
Yes  No

If Yes, please outline the recommended minimum exclusion period: _________________________

*Please note that children requiring an exclusion period will not be allowed to resume their place at the service until a medical certificate is produced stating the child is fit to return.*

Were all appropriate and relating policies and procedures followed when dealing with the illness/injury?
Yes  No

Name and details of policies and procedures followed

__________________________________________________________________________

__________________________________________________________________________

Parent’s acknowledgement and comments

Parent’s Name(s):

I acknowledge I have been notified of my child’s incident/injury/trauma/illness.

(Please circle)

Parent’s Signature(s):  Date:
Were you satisfied with our treatment of your child's Incident, Injury, Trauma and Illness?

Yes  No

Are you satisfied that all policies and procedures at the service have been appropriately followed?

Yes  No

Is there any additional information or support you need?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

If you feel our practices could be improved, please outline any suggestions below/any further comments
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Notification of serious incidents and complaints

The Approved Provider will notify the regulatory authority within 24 hours of any serious incident at our service (s. 174). This includes an injury or trauma to, or illness of a child for which the attention of a medical practitioner was sought or ought reasonably to have been sought or the child attended, or ought reasonably to have attended a hospital.

If the attention of a medical practitioner was sought or the child attended hospital in connection with the injury, trauma or illness the incident is a ‘serious one’ and must be notified.

To decide if an injury, trauma or illness is a ‘serious incident’ when the child did not attend a medical practitioner or hospital, we will consider the following issues:

- Was more than basic first aid needed to manage the injury, trauma or illness?
- Should medical attention have been sought for the child?
- Should the child have attended a hospital or an equivalent facility?

Serious incidents include:

- head injuries
- fractures
- burns
- removal of fingers
- meningococcal infection
- anaphylactic reaction requiring hospitalisation
- witnessing violence or a frightening event
- epileptic seizures
- bronchiolitis
- whooping cough
- measles
- diarrhoea requiring hospitalisation
- asthma requiring hospitalisation
- sexual assault

A serious incident also includes:

- The death of a child
- An incident at the service where the emergency services attended or should have attended
- A child is missing
- A child has been taken from the service without the authorisations required under the regulations
- A child is mistakenly locked in or out of the service.

If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

We will notify the regulator using form SI01 Notification of Serious Incident.

The Approved Provider will also notify the regulatory authority in writing:

- within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service or
• within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.
Work Health and Safety (OHS) requirements

Serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person requires:
- immediate treatment as an in-patient in a hospital, or
- immediate treatment for:
  - the amputation of any part of the body
  - a serious head injury
  - a serious eye injury
  - a serious burn
  - the separation of skin from an underlying tissue (such as degloving or scalping)
  - a spinal injury
  - the loss of a bodily function
  - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness includes any infection to which the carrying out of work is a significant contributing factor, for example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

A dangerous incident is also notifiable under the legislation. Dangerous incidents include:
- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel

The approved provider or nominated supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The
approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

Sources

Education and Care Services National Regulations 2011
National Quality Standard
Code of Practice: First Aid in the Workplace “SafeWorkAustralia” (Draft as at Sept 2011)
Work Health and Safety Act 2011 (NSW)
Work Health & Safety Regulation 2011 (NSW)
First Aid in the Workplace Guide 2001: WorkCover NSW
Safe Work Australia Legislative Fact Sheets First Aiders

Review

The policy will be reviewed annually.
The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: <insert date here>  Date for next review: <insert date here>